Just ASK Study:
Your Questions Answered
April 1, 2022
Webinar Logistics

- All participants are muted during the webinar

- Questions – including technical issues you may be experiencing – should be submitted through the question pane

- Questions will be answered as time permits; additional questions and answers will be posted on the website

- Please complete the post-webinar evaluation you will receive via email
Introducing Our Moderator

Timothy Mullett, MD, MBA, FACS
Thoracic Surgery, University of Kentucky
Markey Cancer Center, Kentucky
Chair, Commission on Cancer
Kentucky
Introducing Our Panelists

Laurie Kirstein MD, FACS
Attending Breast Surgeon
Memorial Sloan Kettering Cancer Center
Associate Professor
Cornell University Medical College
New Jersey

Erin DeKoster Reuter
Accreditation Senior Manager, Cancer Programs
American College of Surgeons, Illinois

Lisa Allison, BSN, RN, MS
Independent Oncology Consultant
Colorado
Agenda

- Just ASK Study Context
- REDcap
- Accreditation Compliance Overview
- Review of FAQ and Answers From The First Webinar
Just ASK

Study Context

Timothy Mullett, MD, MBA, FACS
Smoking and the Continuum of Cancer Care

The Established Carcinogenesis Model

- Receptor binding
- Protein kinase A and B activation and other changes
- Metabolic activation
- DNA adducts
- Mutations in oncogenes and tumor suppressor genes
- Loss of normal growth control mechanisms
- Cancer

2010 Surgeon General's Report, Fig 5.1

The Historical Disconnect

The Reality of Cancer

Biologic Outcomes
(tumor promotion, decreased cancer treatment efficacy)

Clinical Outcomes
(recurrence, toxicity, mortality)

Value Outcomes
(cost of cancer treatment, productivity, QOL/EOL, recurrence, toxicity, mortality)

Addressing Tobacco Use by Cancer Patients

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Why is Addressing Smoking Important for Cancer Treatment?

### Overall Mortality Among 129 studies, 2013-17
- Smoking at diagnosis with 61% increased risk
- Smoking at follow-up with 113% increased risk

### Financial Effects of Smoking at Diagnosis
- Smoking after diagnosis adds ~$3.4 billion in cancer treatment costs annually (2019 estimates)

### Benefits of Smoking Cessation
- Smoking cessation AFTER diagnosis associated with 45% median reduction in mortality
- Smoking cessation AT ANY TIME reduces non-cancer mortality (heart disease, pulmonary disease, etc.)

#### 2014 SGR: >400 studies, 500K patients 1990-2012

<table>
<thead>
<tr>
<th>Effect</th>
<th>Associations</th>
<th>Median RR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Mortality (159 studies)</td>
<td>87%</td>
<td>Current: 1.51</td>
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<tr>
<td></td>
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<td>Former: 1.22</td>
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<tr>
<td>Cancer Mortality (58 studies)</td>
<td>79%</td>
<td>Current: 1.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former: 1.03</td>
</tr>
</tbody>
</table>

**Hematologic (n=17)**
**Breast (n=31)**
**Gynecologic (n=21)**
**Genitourinary non-prostate (n=23)**
**Prostate (n=17)**
**Gastrointestinal (n=37)**
**Lung (n=157)**
**Head/Neck (n=60)**
**Multiple (n=10)**

![Graph showing percentage of significant and non-significant effects across different cancer types](image)
How Does this Compare with Other Practice Change?

Overall Survival with Pembro by PD-L1 status, Keynote-001 (Garon et al. NEJM 2015)

- HR 0.68

Overall Survival with Pembro, PD-L1 >50 Keynote-010 (Herbst et al. JTO 2021)

- HR 0.55

Overall Survival with Duvalumab, Pacific Trial (Antonia et al. NEJM 2018)

- HR 0.56

Smoking Cessation added to first line NSCLC treatment (Dobson-Amato et al. JTO 2015)
How Can We Begin to Address Smoking?

Deficiencies in Care

- Most institutions don’t incorporate smoking into cancer care
- Most oncologists don’t assist patients
- Most patients don’t receive help
- Most patients continue to smoke after diagnosis

Evidence-Based Care

- The 5A’s Model
  - Ask
  - Advise
  - Assess
  - Assist
  - Arrange

- The 3A’s/AAR/AAC Model
  - Ask
  - Advise
  - Assist, Refer, or Connect

- Start by JUST ASKing all new patients about smoking

Warren and Simmons. Ch. 33
DeVita Principles and Practice of Oncology 11th ed. 2018
Purpose: JUST ASK All New Patients About Smoking

ASK
• Ask all new patients about smoking
• Identify current smoking

ADVISE
• Continued smoking negatively affects cancer treatment
• Smoking cessation can improve survival

ASSIST, REFER, or CONNECT
• Clinicians can assist patients with quitting: counseling and medication
• Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

The purpose of this PDSA is to improve ASKing for all new cancer patients

Advising or Assisting is encouraged, but WILL NOT be measured
Lisa Allison, BSN, RN, MS
Just ASK Quality Improvement Project & Clinical Study

The 2022 CoC and NAPBC Assessment of Smoking in New Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK is an elective quality improvement project focused on strengthening evidence-based care across participating programs by leveraging existing resources to address smoking by ASKing all newly diagnosed cancer patients about their smoking status.

The goal of this PDSA to increase and improve the integration of smoking assessment as a standard of care. Participation will require completion of three questionnaires to track progress during the project. This opportunity is being provided to all currently accredited Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) programs, as well as those that have applied for CoC or NAPBC accreditation.

Please submit questions to ascancerprograms@facs.org.

- Just ASK Project and Clinical Study
- Just ASK Frequently Asked Questions
- Compliance Checklist
- Access REDCap Questionnaire

Review FIRST . . .

. . . then access the questionnaire.
# 2022 Tobacco Cessation Just ASK Questionnaire

<table>
<thead>
<tr>
<th>Instrument name</th>
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</thead>
<tbody>
<tr>
<td>Facility Information</td>
</tr>
<tr>
<td>Follow Up Facility Information</td>
</tr>
<tr>
<td>Background</td>
</tr>
<tr>
<td>Smoking Assessment &amp; Smoking Cessation Practices</td>
</tr>
<tr>
<td>Implementation Barriers</td>
</tr>
<tr>
<td>Implementation Strategies</td>
</tr>
<tr>
<td>Intervention Implementation</td>
</tr>
<tr>
<td>Organizational Readiness &amp; Priority</td>
</tr>
<tr>
<td>Clinical Data JustASK Reporting Metrics</td>
</tr>
<tr>
<td>Comments</td>
</tr>
</tbody>
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Introduction

The Tobacco Cessation JustASK PDSA is an optional quality improvement project for eligible Commission on Cancer (CoC) or National Accreditation Program for Breast Centers (NAPBC) Programs.

Please read the following instructions thoroughly.

Visit the Project Web Page for complete details, a checklist of requirements for participation, frequently asked questions, and the PDSA document prior to initiating the questionnaire. Participation will meet specific CoC Standards or NAPBC Standards. You are required to make your selection when completing the initial questionnaire.

All sections noted in the PDSA Appendix 3 are required elements of the three questionnaire periods. Please review these with your teams and gather the requested data prior to beginning the questionnaire.

If at any time you exit the questionnaire using the “Save & Return Later” function, please note your Return Code and submit an email for a Return Link. This is required for you log back in to complete the questionnaire.

When the questionnaire is completed, be sure to download and save the PDF of your responses. This documentation may be required as part of the Pre-Review Questionnaire (PRQ) for your next site visit.

No Facility or Center identifying information will be published by the American College of Surgeons at the completion of this PDSA.
Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the survey link and your return code. See the instructions below.

1.) Return Code
A return code is *required* in order to continue the survey where you left off. Please write down the value listed below.

Return Code: KEKNWF3K
* The return code will NOT be case sensitive.

2.) Survey link for returning
You may bookmark this address below. For security reasons, please do not share the address with others. If you forget the code, click Close and follow the other instructions on this page.

Return Code: KEKNWF3K

Or if you wish, you may continue with this survey again now.

Continue Survey Now
Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the survey link and your return code. See the instructions below.

1.) Return Code
A return code is *required* in order to continue the survey where you left off. Please write down the value listed below.

   Return Code: KEKNWF3K
   * The return code will NOT expire.*

2.) Survey link for returning
You may bookmark this address below. For security reasons, please check your email address afterward, please check your email address.

   Enter email address
   * Your email address will not be saved.

   Return Code: KEKNWF3K

   Copy or write down the Return Code below. Without it, you will not be able to return and continue this survey. Once you have the code, click Close and follow the other instructions on this page.

   Return Code: KEKNWF3K

Or if you wish, you may continue with this survey again now.

Continue Survey Now
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Return Code: KEKNWF3K

* The return code will NOT be included in the email below.

2.) Survey link for returning
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, the return code will NOT be included in the email. If you do not receive the email soon afterward, please check your Junk Email folder.

Enter email address

* Your email address will not be stored

Send Survey Link

Or if you wish, you may continue with this survey again now.

Continue Survey Now
For a new link and code, please email:

TO: ACScancerprograms@facs.org
FROM: [your email]

Subject: JustASK link [FIN] [Program Name]
<table>
<thead>
<tr>
<th><strong>Date of Completion of Form</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* must provide value</td>
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</tr>
</tbody>
</table>

| **Primary Contact Name**      |         |
| * must provide value          |         |

<table>
<thead>
<tr>
<th><strong>Primary Contact Email</strong></th>
<th></th>
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<tbody>
<tr>
<td>This is the email address which will be associated with your questionnaire responses. Future questionnaires will be accessed with this email.</td>
<td></td>
</tr>
<tr>
<td>* must provide value</td>
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</tr>
</tbody>
</table>

| **Primary Contact Phone**     |         |
| * must provide value          | 123 456 7890 |

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### What smoking cessation resources are currently available for your patients?

* must provide value

- [ ] Treatment in clinic by physician or clinic staff
- [ ] Smoking cessation program embedded in the cancer center
- [ ] Smoking cessation program through a local hospital resource
- [ ] Referral to other local facility-based smoking cessation program
- [ ] Referral to other community-based smoking cessation program
- [ ] Unknown or Not available

### Does your facility have a system for screening all newly diagnosed cancer patients for smoking history and current use?

* must provide value

- [ ] Yes
- [ ] No
- [ ] Unknown

### Do you have a smoking cessation specialist or counselor embedded in your cancer care setting who is available to see patients who report they are currently smoking?

- [ ] Yes
- [ ] No
- [ ] Unknown
# 2022 Tobacco Cessation Just ASK Questionnaire

<table>
<thead>
<tr>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Almost Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Occasionally</th>
<th>Rarely or Never</th>
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2022 Tobacco Cessation Just ASK Questionnaire

Annual new patient volume (analytic cases from last complete year)
* must provide value

Analytic case volume last complete year
Please use analytic case volume from 2021 unless it is not complete. If not complete, use case volume from 2020.
* must provide value

- [ ] 2020
- [√] 2021

If unknown, please contact your Tumor Registry or Program Administrator.
### Annual new patient volume (analytic cases from last complete year)

* must provide value

### Analytic case volume last complete year

Please use analytic case volume from 2021 unless it is not complete. If not complete, use case volume from 2020.

* must provide value

- [ ] 2020
- [ ] 2021

If unknown, please contact your Tumor Registry or Program Administrator.

### During this assessment period, how many newly diagnosed patients were seen in your program?

* must provide value

If none, enter '0'.
<table>
<thead>
<tr>
<th>Question</th>
<th>Required Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this assessment period, how many newly diagnosed patients were seen in your program?</td>
<td>* must provide value</td>
</tr>
<tr>
<td>During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use in your program?</td>
<td>* must provide value</td>
</tr>
<tr>
<td>During this assessment period, how many newly diagnosed patients reported that they were currently smoking?</td>
<td>* must provide value</td>
</tr>
<tr>
<td>During this assessment period, how many newly diagnosed patients were provided with smoking cessation resources, or referred to a smoking cessation specialist?</td>
<td>* must provide value</td>
</tr>
</tbody>
</table>
From: redcap@facs.org
To: me
2022 Tobacco Cessation Just ASK Questionnaire

First Questionnaire Due

Data from Newly Diagnosed population in 2021; Analytic case load from most recent complete year

Participant Distribution List

REDCap Link on the project web page will no longer be available

Second Questionnaire Due

Complete using data from Jan 1-Jun 30, 2022.

Final Questionnaire Due

Complete using data from Jul 1-Dec 31, 2022.
Baseline Time Period: January 1-December 31, 2021 (*Due April 15, 2022*)

Mid-Year Time Period: January 1-June 30, 2022 (*Due September 1, 2022*)

Post-Intervention Time Period: July 1-December 31, 2022 (*Due February 1, 2023*)
Just ASK Quality Improvement Project & Clinical Study

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Just ASK Project and Clinical Study  🚶
Just ASK Frequently Asked Questions  🚶
Compliance Checklist  🚶
Access REDCap Questionnaire

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Just ASK
Accreditation Compliance Overview
Erin Reuter
Accreditation Credit

CoC
- Standard 7.3: Quality Improvement Initiative
- Standard 8.2: Cancer Prevention Event
- Standard 9.1: Clinical Research Study

NAPBC
- Standard 3.2: Clinical Trial Accrual
- Standard 4.1: Education, Prevention, and Early Detection
- Partial credit for Standard 6.1: Quality and Outcomes (must do a center-specific study)

Can be used for CoC or NAPBC but not both
Once chosen, cannot be changed

Can be used to resolve a deficiency from a 2020/2021 or 2022 site visit
Documents required to receive accreditation credit:

- Must complete 3 questionnaires & download pdf for submission in the PRQ at the time of the site visit
- Document required discussions in the BPLC/Cancer Committee minutes
- Complete Clinical Research Templates for CoC 9.1 and NAPBC 3.2 with any research accruals

Excluding clinical research, templates do not need to be filled out for Just ASK if participating in this project (must fill out for other years in the accreditation cycle).
CoC Specific Standards

Standard 8.2: An “event” is not necessary for credit. If one is performed, simply document the “event” as an intervention in REDcap

Does NOT count towards Standard 8.1: Barriers to Care

Networks:

- Each hospital within the network must complete and submit the REDCap.
  - The child and parent FIN is needed for each form
  - Ex: If there are 10 hospitals in the network, 10 REDCap forms must be completed & submitted
- The intervention must impact at least 20% of the total networks’ analytic caseload
Programs may just submit breast specific cases
  • If not feasible to separate out breast, then all analytic cases can apply, but they need to be consistent across all three questionnaires

This fulfills PART of Standard 6.1
  • Programs still need to so a center-specific study to fulfill the standard
    • Just ASK + a specialty-specific QI (e.g. QOPI, TOPS) does not meet the standard
    • Just ASK + PROMPT does not meet the standard
Just ASK
FAQs and Definitions
Laurie Kirstein, MD, FACS
Will address the FAQs and clarify confusion

All info available on our website

https://www.facs.org/quality-programs/cancer/coc/pdsa-just-ask
Participants

Any CoC or NABPC site, including those that have applied for new accreditation status (Must have a FIN or Company ID assigned)

If you have a system already in place for ASK, this program can still be useful for advise and assistance. Still participate!
Case Definition

Combustible tobacco use (no vaping or marijuana)
Most validated research on the impact of combustible tobacco use and survival

Most EHRs have this datapoint (do you smoke)
May need to contact IT to have it “turned on”

Refer to “Resources and Intervention” section for assistance on how collect this information in your program
Newly diagnosed analytic cases
New to your institution, can be diagnosed or have previous treatment elsewhere (denominator)

NAPBC sites must include breast

Can start small but aim to be in hospital or network wide, e.g. start in a rad onc clinic
Primary Contact

Comfortable with the data and validation points for accuracy

Familiar with tobacco cessation practices

Be able to verify the data source, accuracy of tobacco use, and assessment rates being submitted at multiple time points

Ideally, should be an active member of the Cancer Committee or Breast Program Leadership Committee

NOTE: The questionnaire requires a primary and secondary contact, in the event that a primary contact leaves or is no longer available
Free data collection tool, completed online

Accessed through link with enrollment to study

Once logged in you get unique password to fill out baseline questionnaire, needed for subsequent questionnaires

Person filling out REDcap is the Primary Contact for the study
3 in total, all very similar
   Baseline, mid-point, end

PDF is available after completion to download for site visits

Not necessary to send it in
   All info online is directly uploaded.
Questions 6 and 7 have been removed as they duplicated information

6) During this assessment period, how many TOTAL patients were seen in your program?

7) During the assessment period, how many total patients were ASKed about smoking history and current use in your program?
No individual patient data collected or entered, all aggregate
So - NO PHI, no enrollment %
No patient consent needed

Research is at the PROGRAM level

Programs track and report unique research patient enrollments in the PRQ and related templates for 2022
If minimum patient enrollment is not met in 2022, programs will NOT be considered deficient for 2022
ACS is providing an IRB exemption form for local IRB
No patient data

Encourage programs to check with local IRB for compliance
April 15, 2022 – Deadline to fill out REDcap
July 1, 2022 – Intervention(s) should be started by this date

Baseline data – last full year, ideally 2021 but may be 2020
Not necessarily all found in registry. May need to
look elsewhere for this information
Mid-year data – January 1, 2022 – June 30, 2022
All of this information is available on our website under FAQs

https://www.facs.org/quality-programs/cancer/coc/pdsa-just-ask
Upcoming Coming Conferences and Webinars

Conferences:
ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care
May 20-22, 2022
Denver, CO

Webinars:
What’s Ahead for Cancer Quality Measures?
Monday, April 11, 2022, at 12 PM CDT

Smoking Cessation: Ask, Advise, Assist
Friday, April 29, 2022, at 12 pm CDT

CAnswer Forum LIVE – May 2022
Wednesday, May 11, 2022, at 12 PM CDT

https://www.facs.org/quality-programs/cancer/events
Thank you for joining the webinar today!

- Please help us improve the webinar by completing the evaluation.
- This webinar does not offer CE credits
- Webinar available through ACS learning management system at Learning.facs.org